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PTO/SB/01 (12-97)

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DEGLARATION FOR HENETY OF	Attorney Docket Number	270-US-NEW				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	JOHN, Varghese				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
□ Declaration Submitted OR Submitted after Initial	Filing Date					
	Group Art Unit					
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
DIPEPTIDE INHIBITORS OF BETA-SECRETASE										
the specification of which (Title of the Invention) is attached hereto										
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	and wa	as amended on (MM/DD/Y	YYY)		(if applicable).					
I hereby state that I have reamended by any amendment	eviewed and understand the output and the output and understand the output and th	contents of the above iden	tified specification	, including the clai	ms, as					
	disclose information which is		defined in 37 CFI	R 1.56.						
										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	oy Attached? NO					
	ation numbers are listed on a				D :					
I hereby claim the benefit t	under 35 U.S.C. 119(e) of an	y United States provisiona	l application(s) list	ed below.						
Application Number	(s) Filing Dat	e (MM/DD/YYYY)								
60/139,190	06/15/1999		numbe	onal provisional ers are listed on	a`					
60/163,354	12/26/1999			emental priority of BB/02B attached						
	L									

[Page 1 of 2]

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DEC	LAI	RAT	ION		Util	ity	or [Des	ign	P	ater	nt /	\pp	licatio	n
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
U.S. Parent Application or PCT Parent Parent Number (MM/D														nt Patent N (if applicab	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet F As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to tra and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below PATENT AND TRADEHARK OFFICE															
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	Namper														
Additional	egistered	practition	er(s) nam	ed on su	uppleme	ental F	Registered	Pract	itioner l	nform	ation she	et PTO/	SB/02C	attached here	to.
Direct all corr	esponde	ence to:			Numbe de Labe						OR	x c	опеѕро	ondence addi	ress below
Name	J. Ma	rk Hoo	ch			-									
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City	South	San F	rancis	со			· , · · · · · ·	s	tate	CA		ZIP	zip 94080		
Country							650-					Fax		553-7165	
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Name of So	ole or F	irst Inv	entor:						A petiti	ion h	as been	filed fo	rthis u	nsigned inve	ntor
G	iven Nam	ne (first ar	nd middle	[if any	<u>(]) </u>			lacksquare			Famil	y Nam	e or Su	ımame	
Varghese			-		_			JO	HN						
Inventor's Signature														Date	
Residence: (City	San Francisco State CA					CA	Country US Citizenship US					US		
Post Office A	ddress	1722	18th S	treet											
Post Office A	ddress														-
City		San Frai	ncisco S	tate C	A		ZIP	94	122			Cou	untry	US	
X Additiona	linvento					sup	plemen	tal Ad	ditiona	Inve	entor(s)s	heet(s)PTO/	SB/02A attac	hed hereto





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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Na	me (first and middle [if any		Family Name or Surname							
Jay			TUNG							
Inventor's Signature	Date									
Residence: City	Belmont	State CA Country US Citizenship I							US	
Post Office Address	2224 Semeria Avenue									
Post Office Address	fice Address									
City	Belmont	State	CA		ZIP 9	4002	Count	y US		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										ventor
Given Na	me (first and middle [if any	1)				Family Na	me or	Surname		
Roy HOM										
Inventor's Signature	Date									
Residence: City	San Francisco	State	CA		Country	US		Citize	nship	US
Post Office Address	480 Warren Drive, #30	01								
Post Office Address						-				
City	San Francisco	State	CA		ZIP	94131	Cou	ntry U	S	
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for th	his unsig	ned in	ventor
Given Na	me (first and middle [if any	1)				Family Na	me or	Surname	· !	
Ashley				GUIN	NN_			<u>.</u>		
Inventor's Signature	Date									
Residence: City	Pacifica	acifica State CA Country US Citizenship US							US	
Post Office Address	335 Talbot Avenue, #1	02A								
Post Office Address										
City	Pacifica Pacifica	State	CA		ZIP	94044		Country	US	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Sun									e	
Lawrence FANG										
Inventor's Signature	Date									
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Post Office Address	1193 Beach Park Blvd.									
Post Office Address										
City	Foster City	State	CA		ZIP 9.	4404	Count	ry US		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									entor	
Given Name (first and middle [if any]) Family Name or Surname										
Andrea GAILUNAS										
Inventor's Signature		Date								
Residence: City	San Francisco	State	CA		Country US				enship	us
Post Office Address	1080 Eddy Street, #501	l								
Post Office Address					•					
City	San Francisco	State	CA		ZIP	94109	Cou	ıntry	US	
Name of Addition	nal Joint Inventor, if an	ıy:			A petitic	n has been file	ed for	this uns	igned in	ventor
Given Na	me (first and middle [if any])				Family Na	me or	Suman	ne	
Shumeye S.				MAM	10					r
Inventor's Signature									Date	_
Residence: City	Oakland	State	CA		Country	US		Citi	zenship	us
Post Office Address	564 Oakland Avenue,	#14								
Post Office Address										
City	Oakland	State	CA		ZIP	95611		Country	US	

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